

Date Rec'd:____







Heat Saver Loan

SHPO Compliance Form

SECTION A: CUSTOMER INFORMATION		
First Name:	Last Name:	_
Daytime Phone Number:		_
Email Address:		
Mailing Address:		_
City:	State:	Zip Code:
SECTION B: CONTRACTOR INFORMATION		
Company Name:		
Contact First Name:		
Contact Email:		
Company Mailing Address:		
City:	State:	Zip Code:
Daytime Phone Number:		
SECTION C: STATE HISTORIC PRESERVATION	ON ACT	
The State Historic Preservation Act (22 VSA 14) requires the on any historic property that is listed on the State or Nation historical, or archeological data. If an installation affects a bidistrict OR on Register of Historic Places, AND if the install other ventilation, condenser units) that is visible from a pudisturbance, then the project plans must be submitted review prior to starting the installation. Applicants are enthe project planning process to avoid any unnecessary complete this Section and submit electronic venture of the Information on historic properties may be found at: http://accd.vermont.gov/strong_communities/preservation.	nal Register of Historic Pla building more than fifty yea ation involves installing an ablic right of way, OR if and to the Vermont Division of accouraged to submit this a project delays. To start ersions of your project form and supporting docu	ces or may contain scientific, irs old OR located in a historic sything new (ex., chimneys or y installation requires ground for Historic Preservation for form to the Division early in the review process, please ect review materials to
Site/Address:		
Site/Property Owner Name:		
Installer Name:		
Installer Email:	Phone:	
INTERNAL USE ONLY:		HSLv1.2a_0508

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Please	chec	k which category or categories apply to the property:		
		Building is more than fifty (50) years old or located in a historic district, and/or		
		Building is listed on the State or National Register of Historic Places (leave blank if unknown)		
If one o	or bot	th categories above are checked, check all below that apply:		
		☐ Installation involves ground disturbance (ex.: Excavating around foundation)		
		☐ Installation involves installing new equipment visible from a public right of way (ex.: chimneys or other ventilation, condenser unit)		
Please	emai	I the following information, along with this form, to the email address at the bottom of the page:		
		Project Description		
		Project Location Map and Site Map showing the location of the installation. This can be as simple as a Google map annotated by hand to show the location of ventilation or external hoppers.		
		Project Plans (if available)		
		Archeological and/or historic building reports (if available)		
		Photographs of the project area and the structures involved. For building mounted installations, please include a photograph of the entire front elevation of the house and photographs of the proposed installation area. Photographs can be annotated by hand to show the location and approximate scale of the installation.		
For Into	ernal	Use Only		
		Please email this form and supporting materials to ACCD.projectreview@state.vt.us		
		If you have questions contact: Jamie Duggan at 802-477-2288 or james.duggan@state.vt.us		

INTERNAL USE ONLY: HSLv1.2a_050815

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